

# THE MEDICAL NEWS AND LIBRARY.

VOL. XXVII.

OCTOBER, 1869.

No. 322.

## CONTENTS.

CLINICS.		Treatment of Epilepsy with Cold Water . . . . .	154
CLINICAL LECTURE.		Copaiba and Cubeba in Croup . . . . .	154
Clinical Lecture on a Case of Stricture with Abscess in Perineo . . . . .	145	Elephantiasis Arabum . . . . .	154
HOSPITAL NOTES AND GLEANINGS.		Electricity in Phagedenic Chancre . . . . .	154
Intestinal Obstruction; Enterotomy . . . . .	147	Glycerine as an Application to Burns . . . . .	154
MEDICAL NEWS.		Extractum Ergotæ . . . . .	153
<i>Domestic Intelligence.</i> —Wound of Neck and Ligation of Internal Jugular and Facial Veins . . . . .	149	Physiological and Therapeutical Effects of the Calabar Bean employed in Hypodermic Injections . . . . .	155
Tetanus successfully treated with Calabar Bean . . . . .	150	Mode of Transmission of the Acute Exanthemata, and precise period of Invasion of these Diseases . . . . .	155
Government of the Medical Profession . . . . .	151	Eruption of the Skin caused by an Insect found in Damaged Wheat . . . . .	156
Library of American Medical Association . . . . .	152	Tobacco Amaurosis ending in Absolute Amaurosis . . . . .	156
Winter Lectureship . . . . .	152	Can Medicinal Articles be Absorbed by the Mucous Membrane of the Bladder? . . . . .	157
Naval Board of Medical Examiners . . . . .	153	Interstitial Injection of Caustic Substances . . . . .	157
Archives of Ophthalmology and Otology . . . . .	153	Use of Collodion to Limit the Effects of the Actual Caustery . . . . .	158
The Physician's Visiting List for 1870 . . . . .	153	Importance of Rounding the Edge of the Tibia in Amputations through that Bone . . . . .	158
<i>Foreign Intelligence.</i> —Threatened Death from Chloroform . . . . .	153	Phthisis among the Lyons Silk-weavers . . . . .	159
Bichloride of Methylene . . . . .	153	Darwinism . . . . .	159
Ligature of the Abdominal Aorta . . . . .	154	British Association for the Advancement of Science . . . . .	159
Ozena treated by Permanganate of Potash . . . . .	154	Obituary Record . . . . .	159
Treatment of Syphilis by Nitrate of Potassa . . . . .	154		

SMITH ON WASTING DISEASES OF CHILDREN.

16 PAGE'S.

CLINICS.		urethra by the muscular coat of the bladder, which is greatly hypertrophied. This is attended with a dilatation of the urethra just behind the stricture, and this dilated portion giving way, a small quantity of urine escapes, and abscess is the consequence. Or it may be that ulceration of the urethra occurs as a consequence of inflammation, and thus a small abscess being formed, this communicates of necessity with the urethra. Under these circumstances the urine is forced more and more into the perineum, and thus distends this part, and makes its way in that direction, where there is least resistance. Thus, your anatomy shows you that the deep layer of the superficial fascia adheres with such tenacity to the rami of the ischia and pubes as to prevent the urine from passing down the thighs. It does not pass around the anus, because the same layer of fascia unites with the anterior layer of the deep perineal fascia. The urine, therefore,
CLINICAL LECTURE.		
<i>Clinical Lecture on a Case of Stricture with Abscess in Perineo.</i> By JOHN ADAMS, F.R.C.S., Surgeon to the London Hospital.		
GENTLEMEN: I have just opened an abscess in perineo in a case of stricture, and I now direct your attention to the case as representing the type of such cases which are of everyday occurrence. Not a week passes but two or more cases of retention of urine are brought to this hospital. These are of various kinds; but many are dependent on stricture of the urethra. Perineal abscesses are very frequently consequent on such cases; but they often arise where there has been no decided retention, and they occur in the following manner, at least I suspect that the following is the mode in which they occur. A patient is the subject of a bad stricture, which he neglects. Of course the urine is forcibly driven through the		

Published monthly by HENRY C. LEA, No. 706 & 708 Sansom Street, Philadelphia, for One Dollar a year; also, furnished GRATUITOUSLY to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage.

\*In no case is this periodical sent unless the subscription is paid in advance.

VOL. XXVII.—10



passes forwards into the scrotum and penis, and occasionally as high as the hypogastric region of the abdomen. The treatment of such a case is well known to you. A free and early incision affords the only chance of relief to the patient; and if this is neglected, the scrotum and skin of the penis will slough, and death may occur. There must be no hesitation in this case, no dissection of parts to reach the extravasation gradually. No! You must at once thrust a pointed scalpel into the perineum, and give exit to the fluid, whether pus or urine, or both. I regret to say that such a line of practice is often neglected; and a very considerable share of a surgeon's practice consists in the treatment of such cases, possibly altogether misunderstood.

In cases of extravasation of urine occurring with abscess, it is very proper to pass a catheter, and a small elastic catheter is the instrument appropriate to such cases. But this often cannot be passed into the bladder; nevertheless, the urine will now escape by your opening, and you will possibly get a fistula in perineo, which you will treat *secundum artem*; or the perineum may entirely close up, and even the stricture may for a time be altogether lost sight of. But you ought not to allow your patient to lull himself into a state of fancied security. *Once a stricture always a stricture* is an axiom which ought to be always in the surgeon's mind, and which he ought to impress upon his patient.

The case before us is one of great interest, and aptly illustrates the early progress of cases I have alluded to; and is one where all the mischief I have described as the result of ulceration of the urethra and abscess has been prevented. It is plainly this: The man came to the hospital with retention of urine, and the house-surgeon relieved him with a small catheter. The instrument was tied in, and was replaced in a few days by a larger catheter. In the progress of the case, however, an attack of inflammation supervened, accompanied with fever, and a tense swelling occurred in the perineum. The swelling extended upwards as far as the root of the penis, and the anterior part of the scrotum, where it joins the skin of the penis, was also swollen and tense. The urine had been freely passed with pain, and a sense of scalding. I passed a *small elastic catheter*; and, when it reached the swelling, some flocculi of inspissated pus escaped,

mixed with blood. I still continued to push forward the catheter, which readily entered the bladder, and I drew off the remaining urine. But I did not stop here; I freely thrust a pointed scalpel into the tense perineum, and some healthy pus (if any pus can be said to be healthy) escaped. I tied the catheter in; and the house-surgeon has ever since attended to the case. The perineum is closing up, no urine having escaped through the wound. Had I acted differently, the urine must have become extravasated, and the usual category of symptoms would have succeeded. The catheter is changed about every third day, and there is no difficulty in passing one gradually increased in size. Elastic catheters are best adapted for cases like these; they find their own way if used with little force, and are readily insinuated through the urethra, rendered devious and irregular by the projection of abscesses and by ulceration.

I will now direct your attention to a class of cases by no means unfrequent, and which well exemplify what may be termed the early stage of the disease now under consideration, but in which retention of urine, ulceration of the urethra, and abscess in perineo may be prevented by suitable treatment. I will illustrate this subject by a case, and such cases are very common.

I was requested to see a gentleman who had retention of urine, the result of stricture in front of the bulb of the urethra. Ulceration had no doubt occurred, and abscess had formed just in front of the scrotum. I opened this, and passed an elastic catheter and tied it in; he soon got well. I lost sight of him for some years, when he sent for me in consequence of a swelling in the same situation, and great swelling of the scrotum, with pain and difficulty in passing his urine, without absolute retention. I did not doubt that ulceration of the urethra and abscess were about to ensue as before, but I thought I might anticipate, or rather prevent this, by the introduction of a catheter, I therefore passed a small elastic instrument into the bladder, and tied it in, and directed the patient to remove the stylet and draw his water off through the catheter three or four times a daily. In three days I passed a larger instrument, and tied it in, still giving him the same direction as to the drawing off his urine. I changed the catheter again from time to time, with similar directions to the patient, and after three or

four weeks the swelling had entirely disappeared, and he was so far cured—that is, he could pass his urine so well that he only came to me at long intervals, and after a few months ceased altogether to attend. You may ask, Was this patient cured? No; but he thought he was, and thought he knew better than his surgeon, for I told him that he ought to consider himself always the subject of stricture, and advised him to have a catheter passed occasionally; but very few patients will do this, and this gentleman is now under my care with a bad lengthened stricture, which I relieve by passing occasionally a catgut bougie. I could mention many cases of this description, and I dare say they very often occur to surgeons; but I would give you this advice: always use a small elastic catheter in such cases, and do not be too solicitous to pass a large instrument. Much error exists on this subject. One is apt to think that the larger the instrument the greater the chance of cure. I do not think so; indeed, I am sure that in the cases now under consideration the reverse holds good, and that moderately sized instruments are more suitable to the generality of urethras. I cannot assure you that the pathology of such cases, as I have described it, is in all cases the same. I suspect in some there is very trifling ulceration of the urethra, probably commencing in an inflammation of a lacuna; but I can scarcely believe that abscess, however small, invariably accompanies this, or that any extravasation of urine happens, because there is no evidence of one or the other, and the swelling wholly subsides, without any escape of pus or urine, so far as I can judge; though I may be wrong. But wherever in a tense swelling you can distinguish fluctuation by careful manipulation, it is certainly your duty to puncture the swelling, as you may be quite certain that an abscess has formed, and that the matter must be allowed to escape. If, however, you allow your patient to pass his urine through the urethra where such swelling as I have described exists, you may be quite sure that ulceration and abscess will occur, and that the urine will become extravasated. I would remind you that the retention of a moderate-sized elastic catheter in the bladder can do no harm; whereas, if you allow the urine to pass through the urethra, now perforated by ulceration at the seat of stricture, you may be quite sure

that some of the urine will escape from the canal, and will pass into the cellular tissue of the scrotum or perineum, or both.—*Lancet*, Sept. 4, 1869.

#### HOSPITAL NOTES AND GLEANINGS.

*Intestinal Obstruction; Enterotomy.*—**CASE 1.** A man, 60 years old, was received into the medical wards of M. CHAUFFORT, at the Cochin Hospital, on August 17th, 1869, suffering with pains of the abdomen, which had come on suddenly while at work the day previous. The second day after his entry we find the abdomen slightly painful to the touch, and but little distended. The outlines of the stomach and the small intestines are easily recognized; these organs are filled with gas. No fever; the pulse is normal. The patient has always been a healthy man; he has never suffered from either diarrhoea or constipation, and he declares that he had a discharge from the bowels on the day before the attack. Light purgatives gave no relief. Four drops of oil of *tiglit* administered the following day produced no evacuation. Vomiting of bile and mucus set in on the fourth day. Baths and injections were of no avail. The discharge from the stomach has changed to a yellowish matter of a strong fecal odour. The diagnosis of ileus is no longer doubtful. The patient now passed into the surgical wards of M. Lefort, of the same hospital. Forced injections of iced water, by means of the long sound passed as high up into the bowel as possible, ice upon the abdomen, and electricity proved useless. Enterotomy was decided on. Certain that the obstruction had its seat in the small intestines, M. Lefort incised the walls of the abdomen at the upper portion of the left inguinal region. The first inflated portion of small intestine which showed itself at the opening was fixed to the two margins of the wound by means of sutures, and then opened. About a pint of fluid fecal matter and much gas escaped through the opening, and the patient seemed somewhat relieved. He continued to do well for twenty-four hours, when violent symptoms of peritonitis set in, causing death in twenty-eight hours afterwards (fifty-two hours in all after the operation). At the autopsy it was found that the incision of the bowel had been made near the middle portion of the ileum, and the obstacle, consisting of an intussusception at two

different places in the lower portion of the intestinum ileum, was situated twelve inches from the ileo-cæcal valve. Gangrene of the serous coat of the invaginated upper portion had already commenced, the large intestine in all its length was perfectly empty, the abdominal cavity contained sero-purulent fluid, the mesentery was much injected, but the rest of the organs were normal.

CASE 2. A man, 58 years old, entered the medical wards of M. Millard, at the Lariboisière Hospital, on July 31st, for an *embarrass gastrique*. The patient had not been to stool for three days. He has been subject to alternate constipation and diarrhoea. Eleven days afterwards M. Verneuil is called into consultation, the diagnosis having changed to *étranglement interne*. Purgatives and ice had produced no evacuation from the bowels: fecal matter had been vomited. The operation, however, for some reason or other, was deferred until the following day (fifteen days of illness). This delay had brought a great change in the condition of the patient. His countenance was terribly altered; the pulse was very quick, and scarcely perceptible at the wrist; the extremities were cold; the abdomen, of a bluish tint, was very much and uniformly distended. M. Verneuil practised his incision in the left inguinal region, parallel to and about an inch above Poupart's ligament. The upper portion of the sigmoid flexure of the colon showed itself at the opening, and more than a quart of fluid fecal matter came from the incised bowel. This operation, like the one in the first case, had been made without the aid of chloroform. The patient died in a typhoid state thirty hours afterwards. The autopsy showed a complete absence of peritonitis; the small intestines were perfectly healthy. An ulceration was found at the upper portion of the rectum, about one inch in width, and occupying the entire circumference of this part of the bowel, pronounced a dysenteric (?) ulcer by the physician in charge. The little finger could scarcely pass by the point of stricture. There also existed a slight twisting of the sigmoid flexure of the colon, one of the causes of intestinal obstruction described by Rokitsky.

CASE 3. A man, 32 years of age, was received into M. Dolbeau's wards in the Beaujon Hospital on June 29th, with evident signs of intestinal occlusion. The

patient had already vomited fecal matter for two days previous to his entry into hospital. The history of the case is as follows: In the month of May, 1868, the patient was seized with violent abdominal pains from having eaten a pound and a half of cherries, stones and all. He remained constipated for seven days after the accident. The same symptoms again showed themselves in the following November, but this time without any assignable cause. He has suffered from constipation and colic ever since. His sufferings were at times so severe that he was obliged to quit his work for several days. The recent troubles again have their origin in eating cherries. After a fair trial of purgatives without effect, the patient was brought into the hospital on the twelfth day of the accident. The local symptoms were scarcely in accordance with the long duration of the disease. There was no peritonitis, the abdomen was only tolerably distended, and the meteorism or flatulent distension occupied specially the umbilical region, the point which was also most painful to the touch. An indistinct tumour seemed to exist a little to the right of this portion of the abdomen. After the *douches ascendantes*, eau de Seltz, and ice had been tried in vain, M. Dolbeau decided to operate July 3d (the sixteenth day of the accident). The incision was practised as near as possible over the tumour in the right umbilical region, and fell, luckily, upon the very portion of the ileum where the obstruction existed. Nearly two handfuls of cherry-stones and a large quantity of fluid matter came from the opening. The relief which the patient experienced was almost instantaneous. No chloroform had been administered. To-day—fifty-six days after the operation—the patient is in excellent health. He is fatter, and feels better than any time since last year. The terrible headaches which he had been subject to heretofore have entirely disappeared. Judging from the matter which shows itself at the wound, we may conclude that the incision of the ileum is situated very near the cæcum. The patient takes his first solid meal at 10.30 A. M.; the fluid fecal matter begins to show itself at the opening about 4.30 or 6 P. M.—six hours and a half after eating. He takes dinner at 4.30 P. M., and the matter passes the opening about 1 A. M. This passage invariably produces the sensation of going to stool.

*Remarks.*—I do not wish to enter into a discussion on the differential diagnosis of the various forms of intestinal occlusion. In case 1, all which both medical and surgical skill could do had been tried. Electricity, which was applied as recommended by M. Duchenne—the negative pole on the rectum and the positive pole upon the abdomen—did certainly arouse the peristaltic movements of the intestines, as could be felt, and as was also proved by the patient's desire to evacuate after each faradization. The injection of about five pints of water was a tolerable proof that the large intestine was free: but to make the diagnosis of intussusception and its exact seat was impossible. The abdomen was uniformly distended. There was no tumour or local pain by which to guide the knife. As it was, the incision had fallen as near right as possible—that is to say, a few inches above the invagination. M. Lefort remarked at the autopsy that if the cause of the obstruction could have been diagnosticated upon the living, he should have administered opium instead of purgatives, so as to tranquillize the bowels and give the invaginated portion a chance to slough away—the only possible means of a cure, and of which he has had an example in his wards last year. In Case 2, if the operation had been asked for a little earlier before the typhoid state had set in, we might have expected a better result, especially as the surgeon's knife had fallen upon the very spot—immediately above the stricture—and in a region where enterotomy gives the best results. The meteorism which existed was enormous, and occupied the whole abdomen; there was no local pain or tumour by which to suppose an occlusion of the small intestines, as had been done by the physician in charge. One of the remedies, which, in these cases, should never be neglected, the *douche ascendante*, by means of the long tube introduced as high up as possible into the large bowel, had not been resorted to. If, I think, this had been attempted in good season, it is more than likely that the result of the case would have altogether changed. Case 3 has come out a very fortunate one. The meteorism which existed, especially at the umbilicus, the local pain, and the tumour in the right umbilical region were sufficient to guide the bistoury. It would be curious to know if the cherry-stones which have passed through the artificial anus are alone of this year's ingestion,

or, if it can be possible, that some of them have remained impacted in the bowel from the moment of the first accident (1868), whence date the first symptoms, and ever since which time constipation and colic have persisted.—*Med. Times and Gazette*, Sept. 4th, 1869.

## MEDICAL NEWS.

### DOMESTIC INTELLIGENCE.

*Wound of Neck and Ligation of Internal Jugular and Facial Veins.*—Dr. R. W. GIBBES records (*New Orleans Journal of Medicine*, July, 1869) an interesting case of this, of which the following is a condensed report:—

Mr. B., æt. 50 years, after a debauch attempted suicide with a razor on December 5th, 1868; had lost two quarts of blood before compression succeeded in stopping the hemorrhage. On reaching him, "I found," says Dr. G., "a frightful gash of four and a half inches extending from the right mastoid process down the neck, almost exactly along the anterior border of s. c. mastoid muscle—superior third superficial, middle and lower third quite deep; some of the sternal fibres of the muscle are divided very obliquely. Below the middle or anterior lip a triangular flap of skin had been made by a second and horizontal cut directed towards the larynx, but extending only about an inch. Before I could discover what vessels were injured, a sudden torrent of venous blood poured forth from apparently at least two orifices, and about a gill was lost before it could be arrested by compression."

Dr. Fair having arrived and everything being in readiness for ligation, Dr. Gibbs proceeded to remove the compress and clots. "Drawing back the inferior portion of s. c. mastoid muscle and extending the incision one inch further below, the *internal jugular vein* was seen distended as large as the finger, with a clot projecting anteriorly from an orifice about the size of a large buck-shot. With grooved director and forceps the vessel was soon separated from the carotid and pneumogastric, and secured with silk ligatures both above and below the orifice, leaving an interval of about an inch between the two. Dr. F. meanwhile compressing efficiently with index finger of each hand. A free oozing was then observed from the open *facial* just under the



inferior maxilla, and a small ligature was placed around it. This vessel had been sliced off just where it empties into the jugular, in the deepest part of the wound, the razor having grazed the latter vein anteriorly without wounding the carotid. Had the wound been either a little more or a little less oblique, a fatal result must have occurred before my arrival, as both main vessels, besides perhaps the external jugular would have been cut across, or else one of them would have been opened longitudinally for one or two inches. The *omohyoid* muscle was divided near its tendinous centre, and the loop of the *communicans* and *descendens noni* with some filaments of the superficial and deep seated branches of the cervical plexus of nerves were of course also involved.

"Dec. 14. Wound healing rapidly, all closed except about one and a half inches below ligatures.

"19th. On dressing the wound, the main ligature came away with a piece of the dead jugular attached, the scissors being cautiously used to assist in detaching the slough.

"20th. The lower ligature is removed, leaving only the small one on the facial vein.

"30th. Wound cicatrized."

*Tetanus successfully treated with Calabar Bean.*—Dr. JAS. T. NEWMAN relates (Chicago Med. Examiner, July, 1869) a case of this. The subject of it was a man æt. 22 whose right hand was terribly lacerated, the metacarpal bones being displaced and broken up, by the accidental discharge of his gun. Dr. N. amputated the hand and the patient did well until the morning of 14th February, eight days after the operation, when tetanus was developed. The patient complained of intense pain, extending from the lower joint of sternum backward to spine. The sternum and lower ribs were powerfully retracted by tonic spasm of the diaphragm, with much tension of the muscles of the neck and jaw. "The opisthotonos which was permanent was increased at times by violent clonic spasms of the same muscles. I immediately gave him three drops of croton oil, and had a fly blister laid on the whole course of the spinal column. As soon as the bowels acted, I prescribed two grains sulphate of morphia every hour. [sic.] When I visited him again in the evening of the same day, I found the

symptoms very much increased in severity. There was a deep hollow at the pit of the stomach, and excruciating pain throughout the diaphragmatic region. The muscles of the neck were perfectly rigid, and those of the back participating in the tetanic spasms. All the joints of the trunk of the body seemed ankylosed, so that when he was removed from the bed he lay in the arms of the attendant like a marble statue. He still referred all his pain to the diaphragm. The abdomen was forcibly thrust forward and was immovable during the respiratory act, which was maintained by the pectoral muscles. Feb. 15th. The disease is rapidly coming to a fatal issue—something must be done. His jaws are completely locked; has voided no urine in the last twenty-four hours; pulse, 120. I at once took a catheter and removed his urine, and at the same time took one-third of a grain of the ext. of Calabar bean, and dissolved it in twenty-five drops of water, and injected it in the biceps muscle of the right arm. In the course of thirty minutes the spasm subsided; muscles all became relaxed; and he went to sleep for the first time since he was taken. I concluded to take advantage of this relaxation. I administered by the mouth one-third grain of ext. Calabar bean, dissolved in a little water. I left him, promising to come back at nine o'clock. I came as per promise, and found him sleeping so soundly that his friend thought probably that he would never wake again. I told them he would soon awaken; accordingly, about 12 o'clock that night, he roused up, and said he wanted something to eat. I ordered two eggs beaten up in two ounces of brandy, and to be taken at once: he drank some beef-tea and went to sleep again. I ordered him a third of a grain of the ext. Calabar bean, to be given at two o'clock, but he slept so soundly that they neglected to give him the medicine; the result of it was, in the morning he was just as bad as ever. The spasm was more violent, if anything, than ever. This sudden relapse disappointed me, as I thought my patient was out of danger. I accordingly injected in the muscles of the right arm, at the biceps, one half grain of morphia and one half grain of the ext. of Calabar bean. In one hour after this, tetanic spasms subsided. I ordered the best nourishments that could be procured, and to be given freely; the injections were continued every two hours. On

the evening of the 17th, he became very delirious, and the pulse rose to 140. I laid it to an overdose of the bean; I ordered it to be discontinued. I saw him again that same evening about 12 o'clock. The poisonous action it seems had passed off. I ordered him two grains of morphia by the mouth every three hours. During the rest of the night, from that time forward, he seemed to get better; but I still continued the use of the bean in one-third grain doses, for two weeks. About the 10th of March the rigidity of the muscles had subsided, and convalescence rapidly ensued."

*Government of the Medical Profession.*—

In our previous number, p. 138, we alluded to the evils which would result from intrusting the government of our profession to parties selected by political legislative bodies, and we trust the profession in the United States are sufficiently awake to their interests never to seek to be so governed. The existing condition of the profession in "the Dominion," from their adopting such a course, fully confirms the correctness of our previous remarks. The bill applied for by the profession in Canada when brought before the legislature was so altered that as enacted it is of the most foolish character and utterly derogatory to the profession, legalizing quacks, and placing them and the regular profession on the same level. This will be fully seen from the following extract from the *Lancet*, Aug. 14, 1869:—

"It will hardly be credited that in Canada a Medical Council has been formed, composed of one representative from each of six colleges named, and twelve district or territorial representatives, elected by popular vote of the registered practitioners, and additional members, as provided by Clause or sub-section 2 of Section 8, as follows: 'There shall also belong to the said Council five members, to be elected by the duly licensed practitioners in homœopathy, who have been registered under this Act; and five members to be elected by the duly licensed practitioners in the eclectic system of medicine, who have been registered under this act.' The Act also incorporates the medical profession under the name and style of 'The College of Physicians and Surgeons of Ontario;' and to become registered under the Act makes the person so registered—be he allopath, homœopath, or eclectic—a full-fledged member, without

distinction of any kind whatever, of this College of Physicians and Surgeons.' This, however, is not all, for the same act by which this heterogeneous Council has been established also 'provides that students who elect to be registered as homœopathic or eclectic practitioners 'shall not be required to pass an examination in either materia medica or therapeutics, or in the theory or practice of physic, or in surgery or midwifery, except the operative practical parts thereof, before any examiners other than those approved of by the representatives in the Council of the body to which he (or they) shall signify his (or their) wish to belong.'

Thus the old homœopathic and eclectic boards are not only perpetuated, but they are placed in a position to hold out a bribe to incompetency. And the bait of a short curriculum and an easy examination—partly beyond the control of the central board—may be safely calculated to catch numbers of student recruits, particularly as their registration makes them members of the same College of Physicians and Surgeons as those passing the higher examination."

There are probably few practitioners in England who are aware that what is called homœopathy has for some time had in Canada an existence recognized by law; and that it has shared that honour and advantage with eclecticism—whatever eclecticism may be. It was found, however, that the homœopathic and eclectic schools, when left free to pursue their own devices, were bountiful in scattering over the country licentiates whose attainments, however considerable as regards homœopathy or eclecticism, were not satisfactory in any other particulars; and this precious measure of so-called "consolidation" is nothing else than an attempt to diminish the injurious results of quackery by forcibly allying it with legitimate medicine. It is only fair to say that the Act by which this strange union was effected derives its power of mischief from provisions inserted into it during its passage through the Legislature, and after its original form had been approved by the profession. At the first meeting of the Council created by it, a strenuous endeavour was made by Dr. Agnew and Dr. Oldright to carry a resolution condemnatory of the Act—declaring that the coalition forced upon the profession was alike subversive of the cause of science and of professional morality, and seeking the appointment of a committee to memo-

realize the Lieutenant-Governor in Council. We are ashamed to say that this resolution was not carried, and that ten regular practitioners were found ready to abet the ten irregulars in the Council in their opposition to it.

*Library of American Medical Association.*—We invite attention to the following circular, which fully explains its object:—

"The Medical Profession, and scholars generally, are aware of the ephemeral form in which most of the early contributions to the literature of medicine were given to the world, and, indeed, in which many of the more recent are being published. This condition of much of our professional literature is deeply regretted by all, and particularly by those whose taste and research lead them to refer to this class of works, when the fact is made apparent that whole editions of tracts and books have entirely perished through neglect. With a view to provide against such a contingency, and preserve, for the benefit of the profession, in some accessible and central locality, copies of all home medical publications, the American Medical Association, at its annual meeting in May last, resolved to establish at Washington, D. C., a library or repository of American medical works, to which it is believed all the current medical literature of our country will be cheerfully, promptly, and constantly contributed.

It is designed that this repository shall contain copies of every contribution by American physicians to the literature and science of medicine, from the earliest settlement of our country, no matter how or where published, including all the books, pamphlets, journals, and even unpublished manuscripts, that can be collected.

Nearly all physicians have some book or pamphlet of the character indicated, which may contain facts relative to the diseases of his section published nowhere else, which they can contribute without inconvenience, and which of itself is of trifling value; yet when many such treatises are assembled together from all parts of our country, embracing its nosology from the earliest period of its settlement, they will form a collection of the greatest importance to the profession.

The Librarian of Congress has kindly consented to receive and preserve as a special deposit, in the Government fire-

proof building, any collection of medical works the American Medical Association may make, and will catalogue and keep them in condition to be readily consulted. The accommodation thus offered the Association for accumulating and preserving its library free of cost is generous and most encouraging. Gentlemen having scarce and valuable American medical publications will not hesitate to deposit them in such a safe, central, and national repository, where they will be preserved from destruction and their usefulness secured to the profession.

An appeal for contributions to this library is now made, personally and distinctly, to each and every American physician, medical publisher, and editor, to deposit copies of their works in this repository, where they will be carefully kept for reference and catalogued with the name of the donor.

We, the undersigned, members of the American Medical Association, having been selected to carry into effect, as far as practicable, the resolution of the Association to establish a library, have now completed all the necessary arrangements for the reception and preservation of those books which may be sent to our care. Contributions of the class of works mentioned are therefore respectfully and earnestly solicited from every source. Packages may be sent by mail or by Adams' express to either of us, which will be promptly acknowledged on reception, and a record of titles kept. The library mark of the Association will be pasted on the inside of the cover of each volume, which will contain also the name of the donor.

Hoping that you may further the project to the extent of adding at least your own productions, we remain, respectfully,

ROBERT REYBURN, M. D.,

Librarian.

JOSEPH M. TONER, M. D.,

Library Committee."

*Mütter Lectureship.*—The fifth Course of Lectures, under Dr. Mütter's bequest, will be delivered at the College of Physicians by Dr. JOHN H. BRINTON. The lectures will commence on Tuesday, Oct. 19, at 8 o'clock P. M., and will be continued on Tuesday and Friday evenings of the five succeeding weeks. The general subject of the course will be gunshot wounds, and will be considered in the following order:



Fire-arms, projectiles; their laws of flight. The arming of troops. Phenomena attendant upon ball wounds. Varieties of ball wounds, as influenced by the nature of the projectile and arm. The effect of each bullet on the tissues—its track—shock—hemorrhage—death. General prognosis—how influenced. Gunshot injuries of bones. Gunshot injuries of joints. Gunshot injuries of lungs.

*Naval Board of Medical Examiners.*—The board resumed its sessions at the U. S. Naval Hospital, Philadelphia, Sept. 1st.

The board consists of Surgeons Ruschenberger, Hunter, Mauleby, and Tinkham.

Candidates for admission into the medical staff of the Navy, in which there are many vacancies, may obtain permission to be examined from the Secretary of the Navy, or from the Chief of the Bureau of Medicine and Surgery, Navy Department, Washington, D. C.

*Archives of Ophthalmology and Otology.*

Edited and published simultaneously in English and German, by Prof. H. KNAPP, M. D., in New York and Prof. S. MOOS, M. D., in Heidelberg.—We have received from the New York publishers, William Wood & Co., the first number of this work, which is to be continued in half yearly numbers of about 300 pages each. The subscription price is seven dollars per annum. The first number contains 27 articles, which possess much interest to those who devote attention to the specialties to which this publication is restricted. This Journal will be a welcome addition to our literature, and we wish it entire success.

*The Physician's Visiting List for 1870.*

—Messrs. LINDSAY & BLAKISTON have, with their accustomed punctuality, issued this publication, the utility and convenience of which is too well-known and appreciated to need any commendation.

## FOREIGN INTELLIGENCE.

*Threatened Death from Chloroform.*—On Saturday, at King's College Hospital, there was a very narrow escape from death by chloroform. The patient was a healthy man, aged 30, who was to undergo the operation of removal of a tumour from the

front of the leg by Mr. Henry Smith. As the inhalation proceeded, the patient began to struggle so violently, that it required the assistance of several dressers to prevent him from throwing himself from the table. He, however, became insensible to pain; and Mr. Smith proceeded with the dissection, but was compelled to desist in consequence of the violent movements of the patient. The chloroform was now entirely suspended; but, notwithstanding this, the man's face became suddenly livid, then changed to a deep purple colour, respiration and pulse completely stopped, and death had apparently taken place. Mr. Smith at once thrust his finger to the top of the windpipe, got forward the tongue, and assistants commenced artificial respiration by the movements recommended by Dr. Silvester. The naked chest was vigorously flipped with a wet towel. For a brief period these measures seemed to produce no effect; but after a short time there was a slight improvement in the complexion, when the efforts were redoubled, and all were delighted to find the apparently dead man slowly respiring. In two or three minutes more, the man had so far recovered that Mr. Smith was able to complete the operation, although, of course, no more chloroform was exhibited. In some remarks after the operation, Mr. Smith referred to the narrow escape of the patient, and said it illustrated the danger which will occasionally attend chloroform, however carefully given, more especially in those cases where its exhibition is followed by a great amount of struggling. It was necessary to be particularly careful with it when this occurred; he had seen other narrow escapes exactly under the same circumstances.—Brit. Med. Journ., Sept. 11, 1869.

*Bichloride of Methylene.*—We are informed that two cases have occurred during the last fortnight at the Moorfields Ophthalmic Hospital, in which the inhalation of the bichloride of methylene caused alarming symptoms. In each the symptoms consisted in sudden syncope, and in each they passed wholly and quickly off under appropriate treatment. In each the patient was a young child (in one an infant), and it is suggested that perhaps this agent may be less safe in very young subjects than in adults. The bichloride has of late been extensively used at Moorfields Hospital, its peculiarities of

rapid effect and rapidity in passing off, and the seldomness with which it causes sickness, having great value in operations on the eye. The patients are rarely more than a minute before the operation may be commenced; and after its completion they usually wake up at once, and are able to walk away as soon as the bandages are adjusted. In these respects the contrast between it and chloroform is very great. It is less adapted for prolonged operations.—*British Med. Journ.*, Sept. 4, 1869.

**Ligature of the Abdominal Aorta.**—This formidable operation was performed on the 6th of August, by Dr. P. H. WATSON, of Edinburgh. The common iliac artery had been tied nine weeks previously, with a catgut ligature, according to the antiseptic plan. Secondary hemorrhage set in, and, the arteries being in a diseased state, Dr. Watson opened the abdomen through the linea alba, and tied the aorta with a common silk ligature, about half an inch above the bifurcation. He also tied the external and internal iliac arteries on the affected side. The patient went on well for forty-eight hours; but began to sink after the sixtieth hour, and died sixty-five hours after the operation.—*Brit. Med. Journ.*, August 21, 1869.

**Ozæna treated by Permanganate of Potash.**—The Marseille Medical gives three cases of this troublesome affection, treated successfully by irrigations of permanganate of potash, the proportion being 5 parts to 100 of water, applied by means of an irrigating apparatus, furnished with a flexible tube, the patient's head being held forward, and a copious washing of the fluid used over the mucous surfaces. After the first few days of this treatment, the abominable odour speedily diminished, and a cure followed.—*Med. Press and Cir.*, August 15, 1869.

**Treatment of Syccosis by Nitrate of Potassa.**—Mr. STEWART (*Bull. Gén. de Thérapeutique*) employs successfully, in every case of syccosis, a simple solution of nitrate of potash. A saturated watery solution should be applied three or four times daily over the pustules and the whole diseased surface. If the pain caused by the application is too great, the strength of the solution is to be reduced until it can be tolerated.—*Med. Record*, Sept. 15th, 1869.

**Treatment of Epilepsy with Cold Water.**—M. DECAISNE has communicated to the Academy of Sciences a memoir in which he relates the effects he has obtained in treating epilepsy with cold water. The success obtained by M. Fleury in adopting that mode of treatment in intermittent fever, has led M. Decaisne to give it a trial in epilepsy. The results are strikingly satisfactory, since M. Decaisne states that out of twelve cases four were completely cured, five were much ameliorated, and only three remained refractory.—*Lancet*, Aug. 28, 1869.

**Copaiba and Cubebs in Croup.**—M. TRIDEAU, some time back, published some twenty-six cases of croup which he had treated successfully by these drugs. At the meeting of the Société de Thérapeutique of Paris, Messrs. Burguon and Labrie found that by giving the oleo-resinous extract of cubebs in syrup, they had overcome the repugnance of children to this drug. In one case reported of its efficacy, the false membranes softened and disappeared in a very short time.—*Med. Press and Circular*, Sept. 1, 1869.

**Elephantiasis Arabum.**—The treatment of this complaint by means of compression or deligation of the main vessels, is cleverly discussed by Dr. Fischer, in Virchow's *Archiv*, vol. 46, part 3, 1869. All the cases reported are collected and discussed as to etiology, treatment, and results. As deligation has in several cases proved disastrous, the author is inclined to think that compression will in general (at least in *limine*), be preferred.—*Ibid*.

**Electricity in Phagedenic Chancre.**—Prof. SCHWANDA brought before the Medical Society of Vienna, in January last, two cases in which the usual remedies failed to arrest phagedæna. The constant current was then used, and the chancres healed in a short time. The Professor does not venture to explain the *modus operandi*, but thinks that unspecific phagedenic ulcerations would be equally benefited.—*Lancet*, Aug. 28, 1869.

**Glycerine as an application to burns** is recommended (*Bresl. Gewerbebl.*) by J. FUCHS. Through the explosion of a spirit lamp the greater portion of his face had

been covered with rather deep burns, which healed in a week—by the immediate and oft-repeated application of glycerine, without producing blisters or festering, or leaving any scar.—*Am. Journ. of Pharmacy*, Sept. 1869, from *Schwirz. Wochenschr.* 1869, No. 6.

*Extractum Ergota*, for subcutaneous injections, is, according to *LANGENBECK*, made as follows: *Extr. ergota*, 2.5 p.; alcohol, 90 sp. gr., glycerin, of each, 7.5 p.—*Am. Journ. of Pharmacy*, Sept. 1869, from *N. Jahrbuch. f. Pharm.*, April, 1869.

*Physiological and Therapeutical Effects of the Calabar Bean, employed in Hypodermic Injections.*—The following note is by *M. BOURNEVILLE*, house-surgeon to the Paris hospitals:—

During the last few years the Calabar bean has been studied with care and employed in several diseases. I have personally instituted some experiments in order to verify certain phenomena and divers therapeutical essays. Among the results which I have obtained I may just mention the following. Every one knows that the Calabar bean, when instilled into the eye, produces a very remarkable contraction of the pupil. Now I have been surprised to observe that, when it is injected under the skin, there ensues, on the contrary, a dilatation of the pupil, or else the ocular diaphragm remains unchanged. In nine cats and one dog the dilatation was well marked and constant. Furthermore, in two cats I observed an unequal dilatation of the pupils. In four frogs the pupils remained unchanged, or seemed slightly dilated. It is not only in animals that this peculiarity, already noticed by *Fraser*, is to be observed, but also in the human species.

A second point which seems interesting to notice is the antagonism between the Calabar bean and atropia. I have verified this phenomenon in six guinea-pigs. After having injected the bean, atropia was injected. The animal did not succumb when both medicaments were injected in fit proportion; but two or three days afterwards, a dose of the bean equal to that which had been at first employed being injected into the surviving animals, they all died. This obviously shows the antagonistic action of atropia against the Calabar bean.

From a therapeutical point of view, I

have prescribed the Calabar bean, taken through the mouth, to epileptic patients in 1866, and by the hypodermic method to (1) a woman of sixty-five, having paraplegia with spasmodic contraction; and (2) to a young girl of eighteen, affected with chorea. In the first case, in which the paraplegia was most probably due to a tumour seated in the spine, and was attended by marked contraction on the left side, I injected, from Dec. 4th to 30th, 1868, from four to thirty milligrammes of the extract of Calabar bean. Notwithstanding the gradually increasing strength of dose, there did not result the slightest amendment. Moreover, the pupils never showed any contraction, but remained after the injections as they were before.

With regard to the choreic patient, who was then in her third attack, I injected every other day during three months (from February to April, 1869) from six to eight milligrammes of the extract of Calabar bean. The symptoms gradually abated without disappearing entirely. Contrary to what has been noticed by *Ogle* and others, there was no speedy cure in this case. Again, in this case as well as in the former, and in my experiments on animals, either the pupils remained unchanged, or became slightly dilated. If the dose was not increased, it was because the weak dose which I employed had already produced some bad symptoms: restlessness, pallor of the countenance, clammy sweats, lipothymia, slow and small pulse, and, occasionally, bilious vomiting. These facts, besides confirming certain views which have been since then advanced, show that the administration of the Calabar bean by the hypodermic method is possible even now, as has been shown, moreover, by *Eben Watson*. The doses above mentioned may, therefore, serve as a guide.

*Mode of Transmission of the Acute Exanthemata, and precise period of invasion of these Diseases.*—At a recent meeting of the *Société Médicale des Hôpitaux* at Paris, *M. Girard*, of *Marseilles*, read a very interesting paper upon this subject, based upon careful observations of 108 cases of measles occurring in the course of an epidemic lately reigning at *Marseilles*. He was able to trace contagion as the source of all these attacks, and believes contact to be essential for the propagation of the disease.

He is equally convinced that the period of incubation is also that of contagion, and quoted in support of this assertion some sufficiently striking examples. As to the precise period he states that in the 108 cases noted the eruption appeared as late as the sixteenth day in only three; in all the other cases it was developed on the thirteenth or fourteenth day, but never before the thirteenth, never after the sixteenth. M. Girard feels thus able to fix the period of incubation between thirteen and sixteen days—a point of great importance. And as he is equally convinced that the period of contagion is limited to the early stage of the disease, and does not last through the decline of the rash—an opinion not shared by the numerous speakers in the discussion which followed the paper—he suggests that children may be released from quarantine with perfect safety after eleven or twelve days at most. A point of great interest in the communication referred to the early diagnosis of the disease. M. Girard has invariably discovered, when he has been called in sufficiently early, four, five, or at most six days before the appearance of the eruption, a red pimple on the velum palati. This sign has never deceived him. Although all other symptoms may have disappeared, this *pointillé rouge* has always been followed by the rash of measles. Broussais was acquainted with this sign in 1835, and it had been first pointed out to M. Girard in 1839 by Valleix, but these observers had not fixed the period of its appearance. M. Girard states that the papule is red, that it appears towards the free border of the velum palati, between the fifth and seventh day after the first symptoms, and disappears towards the third or fourth day after the eruption.—*Med. Times and Gaz.*, Aug. 31, 1869.

*Eruption of the Skin caused by an Insect found in damaged Wheat.*—In some parts of France, from the heavy rains of last year, the wheat was damaged. The persons employed to turn it over became affected with a very troublesome eruption, which, commencing with painful itching, ended in the course of a few hours in redness and a milary eruption, which disappeared in the course of three or four days. M. Rouyer noticed a great many small black moving points, of the same nature as those observed on the damaged wheat. Examined under

the microscope, he found them to be acari.—*Med. Press and Circular*, Sept. 1, 1869.

*Tobacco Amaurosis ending in Absolute Amaurosis.*—Mr. HUTCHINSON reports (*Med. Times and Gaz.*, Sep. 4th, 1869) the following case under his care at the Moorfields Ophthalmic Hospital:—

W. B., aged 50, was a railway clerk, and enjoyed good sight until January, 1867. He then had a severe cold, which lasted some months, after which his sight gradually failed. In May it had become so bad that he could scarcely read. In the beginning of September he consulted Dr. Hughlings-Jackson, who (as he states), after a very careful examination, told him that he had no other disease than atrophy of the optic nerves, and advised him not to smoke. Up to this time he had been smoking freely (two to two and a half ounces a week), and had never thought that it disagreed in any way. On Dr. Jackson's recommendation he left it off at once and entirely. During the next year he did not smoke in the least. He obtained, however, no apparent benefit from his self-denial. The amaurosis steadily advanced, and at the end of twelve months he was quite blind. No other cerebral symptoms were noticed at any time. He had previously enjoyed excellent health, with the exception of a single attack of gout, and for twenty years had never been under medical care.

W. B. came to me in February, 1869, two years after the commencement of his amaurosis. He was now so nearly blind that he could not count gaslights, although he could just distinguish a window. He was cheerful, and in good health. His pupils were very small, and quite motionless. After use of atropia the pupils dilated moderately. I found the disks of a yellow gray tint, and presenting shelving cups. The central vessels were of normal size, and the minute capillaries were not so entirely absent as is usual. There were no other diseased conditions. His smell, hearing, taste, etc., were almost perfect. He had, during the last few months, thinking his case hopeless, resumed his habit of smoking.

Some further points are of interest in this case. For ten years before his failure of sight W. B. had been a pledged teetotaler. He had never at any time been intemperate. He continued his abstinent habits

during the whole period of treatment. After he had been some time under Dr. Jackson's treatment, he passed to that of an ophthalmic surgeon, who tried the opiate treatment for three months. He speaks very strongly as to the misery which this plan caused him. During the three months he scarcely slept at all; visions and subjective phenomena were constantly before him, and at length, in fear that his reason would fail, he insisted on leaving it off. He considers that his nervous system has never since recovered its tone.

W. B. is a remarkably intelligent man; was in former life a great reader. He tells me that since his affliction he has been made acquainted with the particulars of many similar cases. "I have been astonished," he says, "to find that it is not the fast-livers that it takes. It is usually the hard workers and abstemious." He is strongly impressed with the belief that, both in his own case and in that of most others he has seen, smoking was the real cause. I wish to ask especial attention to the fact that the man was smoking heavily whilst taking no kind of alcoholic stimulant. I have met with several cases in which this history was given, and am decidedly of opinion that the injurious influence of tobacco is to some extent counteracted by alcohol.

*Can Medicinal Articles be Absorbed by the Mucous Membrane of the Bladder?*—M. E. SÉGALAS, in a communication to the Academy of Sciences, observes that his father, during his experiments on absorption in 1824, had found that the mucous membrane of the bladder absorbed the alcoholic extract of nux vomica. Repeating his father's experiments in 1862, he also found that rabbits rapidly died into whose bladder a solution of sulphate of strychnine had been injected. In 1867, however, M. Demarquay, in his work on the absorption of medicinal agents by man, established the fact that the bladder in man had slight absorbing power—so that, in sixteen experiments made on men suffering from affections of the urinary passages, it was found that in eight no absorption took place, and in the eight others it took place only to a very slight extent, and that at various periods. M. Susini also lately, in allusion to the negative results following M. Claude

Bernard's experiments on the bladder of the dog with curare, also came to the conclusion, corroborated by experiments made on himself, that the vesical epithelium is impermeable to certain substances during life. In this contradictory state of the question, M. Ségalas induced M. Demarquay to repeat his experiments with him. Fifty centigrammes of iodide of potassium dissolved in sixty grammes of water were injected into the bladders of ten healthy men; and in none of these instances, which were most carefully observed, could this substance be detected in the saliva; although, had it been administered by the rectum, it would have been easily eliminated by the saliva and urine.—*Med. Times and Gaz.*, April 10, 1869.

*Interstitial Injection of Caustic Substances.*—The *Gazette des Hôpitaux* of July 24 contains an account of the trials which M. RICHEL has been making during this last year of what he calls "interstitial injection of caustic substances." The caustic employed is the chloride of zinc, but, instead of using it in the solid form, M. Richet employs it after it has become liquefied by exposure to the air. Being very hygrometric, it is soon converted into a liquid of a syrupy consistence. The form of tumour which has been most frequently experimented upon is the sebaceous cyst of the scalp, which the French call *loupe*. It is possessed of little vitality and power of reaction, and it suffices to inject into its substance, by means of a Pravaz syringe, from one to four or five drops of the liquefied chloride. When the *loupe* is a true lipoma, consisting of nothing but fatty tissue, a few days after the injection its contents may be pressed out by the small aperture in the skin which is left by the little superficial eschar produced at the point of puncture. It has frequently happened that a single drop of the caustic thus injected has sufficed for the removal in this way of tumours of considerable size. In a case in which the *loupe* was formed by the transformation of some blood which had been effused as a consequence of a fall, enucleation could not be practised after the injection, and the knife had to be employed. The tumour, however, consisted of several firm, semi-transparent, fibrous-looking layers, in no wise resembling a lipoma; and this is the only



instance of failure in twelve months, during which M. Richet has so treated a considerable number of *loupes*.

A week or two since M. Richet tried this injection on an enormous goitre, making several punctures along the median line. There resulted mortification of the skin over an extent of about 3 centimetres, as also sharp inflammation with induration, and perhaps more or less gangrene of the median lobe of the thyroid gland. It is remarkable that the two lateral lobes diminished rapidly, and became more supple during this inflammation of the median lobe. The injections have been too recently made to allow of the eventual result yet being determined; but it will be a great boon if this mode of cauterizing proves efficacious, so that it may be substituted in the treatment of bronchocele for the *cautérisation par flèches* which is employed in Paris, and has in several cases been followed by fatal hemorrhage.—*Med. Times and Gazette*, August 14, 1869.

*Use of Collodion to limit the Effects of the Actual Cautery.*—M. VOILEMIER made the following remarks on this subject in a clinical lecture: All surgeons know how difficult it is to limit the action of the actual cautery, especially if it is wished to apply it to a limited point. The finer the point or the narrower the edge of the instrument, the more necessity there is for having a shoulder of thicker metal close to the edge or point as a reservoir for the caloric. But the reservoir radiates heat on the neighbouring tissues, and by its nearness, though it may not actually touch, is apt to cause burns of the first or second degree to a greater or less extent. And this accident is not without importance. It is the cause of the pains which are felt after every application of the cautery; pains which are severe may last several days, and the intensity of which is but little diminished by the continuous use of cooling lotions. After some days, the epidermis peels off, leaving the true skin bare often to a very considerable extent beyond the portion (perhaps the small portion) which had been completely destroyed by the cautery. These superficial wounds often last for a long time. Attempts are often made to prevent their occurrence by surrounding the parts intended to be burnt by wet rags or pieces of wood. These methods are, however,

often ineffectual, and are apt to interfere with the proper performance of the operation. The following proceedings more simple and more certain, I have used with great advantage for five years: The part intended to be cauterized being first carefully wiped dry, one or two layers of collodion are painted on. These soon dry, as is shown by the white colour. Then the moment for action arrives; and not sooner, lest the vapour of ether which is disengaged should take fire on the approach of the red-hot metal. This little accident is not important, as it can easily be extinguished, but it is better to avoid it lest it alarm the patient. The cauterization can then be performed as usual. The collodion is at once destroyed at the points touched by the iron, the action of which it does not interfere with; but it remains unaltered in the neighbouring parts, for which it forms a sort of artificial epidermis. This is very thin, but is composed of pure cellulose—a body which conducts heat less even than wood, and effectually protects the tissues against the heat radiating from the metal. The operation over, if the collodion be removed, the skin is found white and healthy below it. It is better, however, to leave it, as, by the pressure it exercises, it seems to prevent swelling of the parts. It is unnecessary to cover the burnt part with wet rags, for the patient complains of no pain, as might be expected; for the parts actually touched by the red hot iron are disorganized and insensible; beyond these points, the skin is healthy, and not affected by the heat. This plan is very useful in the vicinity of joints, but still more so in the axilla or border of the anus, where the parts close to those we wish to touch are so near. It also enables the surgeon to apply the actual cautery with certainty and safety, even to the neck of the uterus.

*Importance of Rounding the Edge of the Tibia in Amputations through that Bone.*—Mr. PORTER exhibited to his class at the Meath Hospital and County Dublin Infirmary, a man æ. 34. whose leg had been amputated by him eighteen days previously, for extensive disease of the os calcis, attended by ulceration of the neighbouring soft parts. He called their attention to the operation which he had performed—that at “the place of election”—and to the good stump which resulted. He had used no dressing, save

cold water, and during the last few days a little chlorinated solution, and the lines of incision were now almost entirely healed, and certainly were as nearly well as if carbolic acid, or any other application, had been employed. But the particular point to which he asked their attention, was the importance of carefully rounding off the anterior edge of the tibia in this and other amputations through that bone. There was a great tendency for the anterior flap, which in this operation is composed of skin to ulcerate over the end of the tibia, and in order to avoid that consequence, he had found great benefit in not merely sloping the saw in the beginning of the operation, removing it, and re-entering it at right angles to the long axis of the bone, or in cutting straight across at first, and then sloping off the prominent anterior edge, as generally recommended; but in making only one cut, using Butcher's saw, and sloping it during the entire of the division of the bone, so as to round off the end in a gentle curve from its anterior to its posterior edge. He made this a constant practice, and he had never found the bone to cause any disagreeable after-effects in a stump thus formed.—*Med. Press and Circ.*, July 14, 1869.

#### *Phthisis among the Lyons Silk-weavers.*—

At the Croix-Rousse (the weavers' quarter) Hospital a register of deaths for the quinquennial period 1862-66 shows that while the entire number of deaths amounted to 2024, those from phthisis constituted about a third (771). Among these 771 were 269 young women (105 *dévideuses* and 164 *fasseuses*) between 15 and 25 years of age. These young women, M. Chatin observes, arrive from the country at a hundred leagues from this seat of "lymphatism" strong, blooming, and fresh-coloured. After two or three years' residence in their crowded habitations at Lyons, those of them that survive are no longer to be recognized, so marked are the effects of chlorosis and anemia. The acts of vegetative life have fallen into an utterly torpid state, and in a few months afterwards a dry cough is set up. Treated at their place of work as long as they can be, the workgirls are obliged at last to go to the hospital, where phthisis is recognized, and which, following its course, in two or three years brings the

poor Savoyards to the dissecting-room. This is not the exception with these girls, but the general rule.—*Med. Times and Gaz.*, Aug. 28, 1869, from *Gaz. Heb.*, July 23, 1869.

**Darwinism.**—At the recent meeting of the British Association for the Advancement of Science, "the antagonism against Darwin's hypothesis was illustrated by three papers—namely, 'Man and the Animals, being a Counter Theory to Mr. Darwin's as to the Origin of Species,' by Archdeacon Freeman; 'The Difficulties of Darwinism,' by the Rev. P. O. Morris; and 'Philosophical Objections to Darwinism or Evolutionism,' by the Rev. J. McCann. Thus three clergymen, who are not men of science, unacquainted with biology, and with a bias running in a particular direction, endeavour to overturn Darwin's views. Whether these last are accepted or not, it is not our province here to inquire; but we think that merely speculative papers, such as the above, should be rejected. In fact, Professor Huxley, Dr. Hooker, and Mr. A. Wallace, who rose after they were read, stated individually that they refused to discuss them, as there was not a single fact or argument worth one iota brought forward in the papers requiring consideration at their hands. The worst of it was that several good biological papers could not be read from the time occupied in reading these three effusions."—*Lancet*, Aug. 28, 1869.

**British Association for the Advancement of Science.**—Mr. HUXLEY has been elected president of this association for the ensuing year. His extensive scientific attainments fully entitle him to this honour.

**OBITUARY RECORD.**—Died, July 28th, at Prague, in the eighty second year of his age, Professor Purkinje, one of the most celebrated physiologists of modern times, and particularly known for his researches on vibratile cilia and the development of the ovum.

—At St. Petersburg, recently, Dr. Heyfelder, consulting surgeon of the military hospitals of that city, and councillor of state to the Czar; also the author of numerous publications, the most celebrated of which is a treatise on resections and amputations.

## WORKS ON VENEREAL DISEASES.

CULLERIER AND BUMSTEAD'S ATLAS—(Now Complete.)

### ATLAS OF VENEREAL DISEASES.

By A. CULLERIER, Surgeon to the Hôpital du Midi, &c. Translated from the French, with Notes and Additions, by FREEMAN J. BUMSTEAD, M. D., Professor of Venereal Diseases in the College of Physicians and Surgeons, New York.\* With 145 beautifully colored figures on 26 plates. In one very handsome volume, imperial quarto, of 328 double-column pages, strongly bound in cloth, price \$17. Also, in five Parts, in stout wrappers, price \$3 per part.

If it were possible, we would venture to assert that the chromo-lithographs of the two last parts excel those previously issued; certainly they are admirable as works of art, and thoroughly correct in coloring.—*Canada Med. Jour.*, Mar., '89.

No one has furnished us with such a complete series of illustrations of the venereal diseases.—*British and For. Med.-Chir. Review*, July, 1869.

The most splendidly illustrated work in the language, and in our opinion far more useful than the French original.—*Am. Journ. Med. Sciences*, Jan. 1869.

As a whole, it teaches all that can be taught by means of plates and print.—*London Lancet*, March 13, 1869.

### BUMSTEAD ON VENEREAL.

### THE PATHOLOGY AND TREATMENT OF VENEREAL DISEASES,

Including the results of recent observations on the subject. By FREEMAN J. BUMSTEAD, M. D., Lecturer on Venereal Diseases at the College of Physicians and Surgeons, New York, &c. A new and revised edition, with Illustrations. In one handsome octavo volume of 640 pages; extra cloth, price \$5.

The best, completest, fullest monograph on this subject in our language.—*Brit. Amer. Journal*.

Well known as one of the best authorities of the present day on the subject.—*Brit. and For. Med.-Chirurg. Review*, April, 1868.

A perfect compilation of all that is worth knowing on venereal diseases in general. It fills up a gap which has long been felt in English medical literature.—*Brit. and For. Med.-Chir. Review*.

Indispensable in a medical library.—*Pacific Med. and Surg. Journal*.

We have no doubt that it will supersede in America every other treatise on venereal.—*San Francisco Med. Press*.

We know of no treatise in any language which is its equal in point of completeness and practical simplicity.—*Boston Med. and Surg. Journal*.

### HILL ON VENEREAL DISEASES—(Just Issued.)

### ON SYPHILIS AND LOCAL CONTAGIOUS DISORDERS.

By BERKELEY HILL, Surgeon to the Lock Hospital, London. In one handsome octavo volume; extra cloth, \$3 25.

An especially valuable book to the beginner, to whom we would earnestly recommend its study; while it is no less useful to the practitioner.—*St. Louis Med. and Surg. Journ.*, May, 1869.

His book is marvellously complete.—*Edinb. Med. Journal*, Feb. 1869.

In every respect a most desirable work.—*California Med. Gazette*, June, 1869.

So far as syphilis is concerned, it gives a clearer idea of the disease, its course and symptoms, as they are successively developed, than any other treatise on the subject we know of in the English language.—*Amer. Journal Med. Sciences*, April, 1869.

The most convenient and ready book of reference we have met with.—*New York Med. Record*, May 1, 1869.

HENRY C. LEA, Philadelphia.